

# HIV SUPPLEMENTARY INFORMATION FORM

Unique Office of AIDS  
Client Number

Answers to these questions will help the California Department of Public Health, Office of AIDS (OA) with HIV Incidence Surveillance (HIS). HIS estimates the number of people in California and the U.S. who have been recently infected with HIV. Place a Unique Office of AIDS Client Number Sticker in the space above and attach this form to the CIF. Collect answers during the counseling session just as you would for the CIF.

Only sites participating in HIV Incidence Surveillance complete this form. For more information contact your HIV Counseling and Testing Coordinator.

HIV INCIDENCE SURVEILLANCE	<b>Number of HIV tests in past 2 years including today*†:</b> (1 (today's test) + ____ (number of tests in the past 2 years) =	<input type="text"/> <input type="text"/>	<b>COMPLETE ONLY FOR PREVIOUS HIV POSITIVE CLIENTS:</b>  <div style="text-align: right; margin-bottom: 5px;">Date (mm/dd/yy)</div> <div style="display: flex; justify-content: space-between;"> <div>Date of <u>first positive</u> HIV test specimen:</div> <div> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> </div> <div style="margin-top: 10px;"> <b>Number of HIV tests*† (first positive and prior 2 years):</b>          (1 (first positive) + ____ (number of tests in 2 years before first positive) =       </div> <div style="text-align: center;"> <input type="text"/>  <input type="text"/> </div>
	<b>Ever test negative for HIV: (lifetime history)</b> <input type="checkbox"/> (1) Yes (indicate date of last negative HIV test below) <input type="checkbox"/> (0) No <input type="checkbox"/> (7) Client declined/refused <input type="checkbox"/> (9) Client doesn't know	Date (mm/dd/yy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<b>Date of <u>last negative</u> HIV test:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<b>Taken any antiretroviral therapy (ART) in the last 6 months:</b> <input type="checkbox"/> (1) Yes (indicate date of first and last day used below) <input type="checkbox"/> (0) No <input type="checkbox"/> (7) Client declined/refused <input type="checkbox"/> (9) Client doesn't know	Date (mm/dd/yy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<b><u>First day</u> any ART(s) used:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<b><u>Last day</u> any ART(s) used:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

CDPH 8458 S (1/08)

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